

## PROVISIONAL ELIGIBILITY PROCESS QUESTIONS AND ANSWERS

Submitted questions have been revised to clarify a point or delete duplicates. Only questions related to Provisional Eligibility are included in the document.

### Provisional Eligibility Start Date

#### **Q1. When will Provisional Eligibility start?**

A. The first group of individuals with Provisional Eligibility loaded to the HFS payment system on August 20<sup>th</sup>. This group included LTC applications and admission transactions that were over 45 days old as of July 15, 2018. Additional individuals have been added since that date. Starting September 15<sup>th</sup>, HFS will pull a new group of LTC applications and admission transactions over 45 days old on the 15<sup>th</sup> of each month and will load them within a week of identification.

#### **Q2. When will DHS begin approving applications under Provisional Eligibility and when should providers expect to begin receiving Form HFS 2449 reporting eligibility.**

A. DHS caseworkers will not be approving applications for Provisional Eligibility. HFS will be adding Provisional Eligibility for eligible individuals into the HFS payment system. This process has begun and will continue on a monthly basis. HFS 2449A, LTC Transaction Reports, are mailed to providers on a weekly basis and will immediately include any LTC admissions added for individuals with Provisional Eligibility. The DHS caseworkers will continue to process medical applications, including for those in which Provisional Eligibility has been added.

#### **Q3. When can we start requesting LTC Pending Admits be approved by the HUB?**

A. The provider does not need to request that LTC pending admissions be approved for Provisional Eligibility. HFS will determine which pending admissions will get added to the HFS payment system with Provisional Eligibility, and DHS will continue to process the official LTC eligibility determinations.

#### **Q4. How long will it take DHS to grant provisional eligibility to all applications pending over 45 days?**

A. HFS will determine Provisional Eligibility on a monthly basis, as of the 15<sup>th</sup> of each month for applications and admissions pending over 45 days. Provisional Eligibility segments should be added to the HFS payment system within a week of determining the eligibility.

### Provisional Eligibility Process

#### **Identification of Individuals Eligible for Provisional Eligibility**

#### **Q5. How will providers be able to identify residents who are Provisionally Eligible versus eligible through the normal approval process?**

A. There is not a current process for the provider to identify those that are Provisionally Eligible versus those with Regular Medicaid eligibility. Individuals with Provisional Eligibility, but no

current Medicaid eligibility, will show in the EDI Eligibility Inquiry as “Full Coverage”. Individuals with Provisional Eligibility for LTC services and Medicaid eligibility in the community will still show as “Medicaid Eligible – Full Coverage” in the EDI Eligibility Inquiry. HFS is working on enhancing the LTC Patient Roster to identify residents with Provisional Eligibility.

**Q6. How can you find out whether someone with a pending LTC application is being considered as a Koss v. Norwood class member? (b) Is there a procedure by which an applicant can notify HFS that he or she believes that he or she should be so treated? (c) What recourse is available to someone who believes he or she should be treated as a class member but has not been so treated?**

A. Individual LTC admissions will be identified by HFS for Provisional Eligibility. Questions regarding the status of a pending LTC admission should be sent to [HFS.LTC@illinois.gov](mailto:HFS.LTC@illinois.gov) with the subject “Provisional Eligibility Status Request”. Include in the request the Transaction Audit Number (TAN); the admission date desired for payment; and the discharge date and discharge destination (if applicable) of the pending LTC admission in question. Questions regarding the status of a pending Medicaid application should be sent to the appropriate DHS office.

**Q7. When will providers be able view the applicant’s eligibility using MEDI?**

A. Eligibility will be available to be viewed as soon as the individual is loaded into the HFS payment system.

**Q8. Slide 7 HFS will identify pending LTC Medicaid applications (admission requests) over 45 days old due to delay by the state. DEFINE “delay by the state”. (I assume they will exclude any case that they send out a request for more info, or at OIG, or denied/appeals, etc)**

A. State delays in excess of 45 days in processing submission of a complete application do not include delays caused by incomplete applications or applicant requests for extensions in timeframes to submit required verifications.

**Q9. The webinar specified that the implementation of Provisional Eligibility applies to Medicaid Applications and Admission Transactions. Will this program also include issues that are not caused by, but result in, a pending admission? For example, an erroneous discharge/admission date? Or a discharge due to a Redetermination that has since been approved?**

A. This process will apply to pending LTC applications (Medicaid applications and accepted electronic LTC admission transactions), but does not apply to other transactions.

**Q10. If a resident loses their Medicaid due to an error by Medicaid, can they be included with the class action?**

A. The process for determining Provisional Eligibility is not applicable to residents that have lost their Medicaid eligibility, unless they reapplied for Medicaid LTC services again and the application was pending over 45 days.

- Q11. When you say pending admission does this mean residents who came into a long term care facility who already have Medicaid benefits and but no LTC coverage? these will also be approved?**
- A. Yes, individuals with established Medicaid benefits can be approved for Provisional Eligibility for LTC services if their LTC admission transaction is pending over 45 days.
- Q12. Do we have to notify the Department of the 45th day of application, or will this change in status happen automatically?**
- A. HFS will determine who is eligible for Provisional Eligibility and will not require any notification from the providers.
- Q13. Will the provisional eligibility also include those who are on pending status while waiting for spenddowns to get into the system? We have several who have spenddowns met and not "turned on" the MEDI system yet.**
- A. Cases in resource spenddown status are not considered pending and will not be eligible for Provisional Eligibility. If the State identifies that a resource spenddown has been met, but the admission has not been processed timely, the individual could be given Provisional Eligibility.
- Q14. If you are only looking at this monthly, couldn't it also be true that someone would hit 70+ days before their application is looked at for provisional purposes?**
- A. This scenario is possible, but considering the amount of manual processing involved and the fact that LTC providers bill on a monthly basis, it does not make sense to conduct this process more frequently.
- Q15: How do we request Provisional Eligibility from HFS?**
- A. Provisional Eligibility is not requested. Provisional Eligibility will be automatically assigned once a Medicaid application or LTC admission transaction is pending beyond 45 days.
- Q16: When will reports be pulled and what factors will be used to determine provisional eligibility?**
- A. HFS will pull a new group of LTC applications and admission transactions over 45 days old on the 15<sup>th</sup> of each month.
- Q17. How is the Department's "45 days" defined for the purpose of determining Provisional Eligibility?**
- A. The 45 day period for the LTC admission begins the date the provider submits an admission transaction in MEDI. For the Medicaid application, the 45 day period begins the date the application is entered through ABE.
- Q18. What is the timeframe for the Pending LTC's admissions or is this same as 45 days like the pending applications?**
- A. LTC admission transactions must be pending at least 45 days, similar to pending Medicaid applications.
- Q19. Will the Transaction Audit Number be used to determine which LTC admissions have been pending over 45 days old?**

- A. Yes, the Transaction Audit Number (TAN) contains a Julian date which identifies when the admission was entered by the provider.
- Q20. Does provisional eligibility apply to Supportive Living communities? In other words we will be paid our full daily Medicaid rate for residents with pending applications greater than 45 days old?**
- A. Yes, individuals receiving SLP services can be given Provisional Eligibility, which will allow SLP providers to bill and be reimbursed for services.
- Q21. Provisional Eligibility will be operationalized by adding a Special Eligibility segment for the LTC applicant in the HFS payment system. Do we know what this process is?**
- A. Adding a Special Eligibility segment is a process internal to the HFS payment system. This process allows HFS to distinguish the individual from someone who has been approved for Medicaid LTC services, but still allows the provider to submit bills and get paid for services.
- Q22. Is this only for new applications?**
- A. No. LTC admissions pending over 45 day are eligible for Provisional Eligibility.
- Q23. Is this for older applications still waiting for approval?**
- A. Yes.
- Q24. Does Provisional Eligibility apply only to Pending Applications and Admission Transactions, or to all issues pending address regarding LTC admission, i.e. erroneous discharges?**
- A. Provisional Eligibility applies only to Medicaid applications and LTC admissions pending beyond 45 days.
- Q25: It was mentioned that HFS will be making a determination on a monthly basis. Is there a form or process by which LTC facilities can send info on residents whose applications have been pending for over 45 days?**
- A. No additional provider action is required after the Medicaid application and LTC admission are submitted.
- Q26. If the client is already Medicaid eligible on admission but the admit package has still not been processed within 45 days, will the resident's admission be processed under Provisional Eligibility?**
- A. Yes. Accepted and pending LTC admission transactions over 45 days old will be processed.
- Q27. In the webinar it was explained that pending Medicaid and LTC Pending Admissions would be processed every 30 days. Is an individual provider allowed to submit all prior Pending Admits (greater than 45 days into the system all at once?**
- A. The provider should not resubmit any previously submitted LTC admissions. Submitted Medicaid applications and LTC admissions pending beyond 45 days from the date submitted by the provider will automatically be considered by HFS for Provisional Eligibility.
- Q28. What forms of proof will be required to prove "timely filing" in the case of a Medicaid Pending or a LTC Pending Admit?**

A. The date a Medicaid application is submitted through the Application for Benefit Eligibility (ABE) or the date the LTC admission is submitted through MEDI will generate confirmation.

**Q29. What is the HFS definition of "pending"? I have been under the assumption that from the time an application is submitted, until it is approved, that applicant is considered "pending". Is that the case?**

A. The time period between when the application and admission are submitted until DHS makes a decision on the case is the timeframe HFS is utilizing to determine the pending status. Besides approval, it could also be determined that the application is denied, the case should be placed in spend down status, or given a penalty period.

**Q30. In what order will LTC Pending Admissions be accepted (i.e., first come first served, oldest first, by region, etc.)?**

A. The Provisional Eligibility process will review all LTC admissions and Medicaid applications over 45 days old as of the 15<sup>th</sup> of each month. They are not processed in a specific order, but rather are all reviewed at the same time.

#### **Redeterminations**

**Q31. If there was a REDE and the case has been cancelled although we sent in the info timely, will that fall under the provisional eligibility category?**

A. No, an individual must have Medicaid eligibility or a pending Medicaid application.

**Q32. What happens for redeterminations not completed by MFO?**

A. Provisional Eligibility does not apply to the annual redetermination process.

**Q33. How does the provisional elig process address issues with LTC discharge and/or Eligibility ended for REDE issues? DHS has been known to handle the late REDEs one of two ways. Discharge the resident from LTC and/or just stop elig. In these cases, the delay is often on the DHS side of processing the REDE. Providers are then following up with DHS multiple times to get this corrected. The correction to LTC is either done by removing dc date or entering a new admit date on the same date of dc date. Either way once the elig is re-established, this process take a long time to get corrected. Will this issue be addressed with the provisional eligibility process?**

A. The Provisional Eligibility process only impacts Medicaid applications and LTC admissions pending longer than 45 days. Any DHS actions a provider feels are incorrect should continue to be resolved by contacting the appropriate DHS office.

#### **OIG**

**Q34. Will the 45-day Provisional Eligibility timeframe apply to applications pending with OIG?**

A. Yes, Long Term Care (LTC) applications pending with the Office of Inspector General's (OIG) Asset Discovery Initiative (ADI) Unit will be eligible for Provisional Eligibility.

## Effective Date of Provisional Eligibility

- Q35. What will be the effective date for an application approved under Provisional Eligibility? Will the effective date be retroactive to the date of admission, to the date of application or 45 days prior to 8/1/2018?**
- A. The effective date will be the admission date requested by the provider on the LTC admission submitted through MEDI, unless it is more than 3 months prior to the date of the Medicaid application. If the Medicaid application cannot be backdated far enough to cover the requested admission date, the admission date in the system will be updated to be 90 days prior to the Medicaid application date. These dates are subject to State statutes that require a screening date to be prior to admission and for the admission transaction to be entered into MEDI within 45 days.
- Q36. We have 9 applications which have been pending for over a year and 3 applications pending over 6 months. Does this mean we will be “back paid” for these applications or does this process only apply for new applications going forward from 08/01/18?**
- A. The Provisional Eligibility process will apply to all pending LTC admissions, not just new applications. Providers will be able to bill and be reimbursed for services provided during the Provisional Eligibility period, which is detailed in the answer to Q35.
- Q37. Will the provisional status keep going forward, or only for this period in time? IE, someone applies in Nov, 2018 and is still pending in Feb, 2019?**
- A. The Provisional Eligibility determinations will be processed on a monthly basis. There is currently not an end date for the monthly processing.
- Q38: If the notice was sent to a deceased resident, Can the temporary eligibility be used to bill as far back as 2017?**
- A. Provisional Eligibility is not Temporary Eligibility. Medicaid applications and LTC admissions pending beyond 45 days will be reviewed for Provisional Eligibility even if the applicant is deceased.
- Q39. How far back will LTC Pending Admits go (this assumes that the provider filed timely)? For example, a provider properly admitted a full Medicaid resident into their facility in 2015, however, their local HUD has yet to admit them into the system.**
- A. The Provisional Eligibility period will go back to cover the requested admission date as long as there is Medicaid coverage or a pending Medical application as described in the answer to Q35.
- Q40. If a LTC Pending Admit was originally filed timely, yet the time period far exceeds the 180 day timely filing requirement, will the original admit date still qualify or will Medicaid only go back 180 days? For example: A provider originally admitted a Medicaid resident in 2015. The admission was delayed because resident was not entered into the system, will the admit date start from 2015 (assuming admission was done timely and correctly)?**

A. As described in the answer to Q35, the admission date will be the actual date of admission if Medicaid eligibility can cover that date and the admission transaction was submitted timely. The 180 day timely filing rule is specific to submitting a clean claim for payment purposes, and does not impact the determination of the admission date. Once a Provisional Eligibility period is entered into the HFS payment system, the provider will have 180 days to submit historical claims for payment.

**Q41. Provisional Eligibility and back dating.....(I have to collect my thoughts more on this) Once case transfers from PE to Eligible will they then honor any requests for backdating?**

A. Yes, there are no changes to the process DHS caseworkers use to determine the admission date for regular Medicaid LTC eligibility, which would include the allowance for backdating from the Medicaid application date.

**Q42. Do I understand correctly that Medicaid admissions that have not been processed in the 45 day window are also included in the provisional eligibility window? If so once the admit packet is processed with the caseworker admit them retroactively into the provisional coverage period?**

A. Individuals with Medicaid applications and LTC admissions not processed within 45 days will be eligible for Provisional Eligibility. When DHS later determines the Medicaid LTC eligibility, an eligibility begin date will be set. The Medicaid eligibility begin date could be set prior to or after the Provisional Eligibility date segment. If the eligibility begin date is set after the Provisional Eligibility segment, the Provisional Eligibility segment will remain open so the provider can bill for that time period.

#### **Admission Submittals/Transaction Audit Numbers (TANs)**

**Q43. In what circumstances related to this process will we need to enter a new admission TAN?**

A. The Provisional Eligibility process does not require providers to enter new admissions in MEDI.

**Q44. Once PE ends, will we need to enter a new admission TAN once the effective date stops?**

A. A new admission transaction is not required.

**Q45. When should an admission be done in the MEDI system for a pending application? Should it be done once the Medicaid application is filed or when the resident is approved for LTC services?**

A. LTC admissions are required by State law to be submitted within 45 days of the admission or the receipt of the pre-screening information (whichever is later). Residents cannot be approved for LTC services without an admission already being submitted.

**Q46. If there is a provisional eligibility, do we as a LTC provider (SLF and SNF) still have to do our ADMIT PACK into MEDI when they enter our facility?**

A. Yes. The admission reported in MEDI by the LTC facility is required to get approved for LTC services at that facility. If someone enters a facility with Provisional Eligibility coverage from a previous admission, the Provisional Eligibility coverage will support all admission transactions until the Medicaid eligibility determination is made.

- Q47. If a resident has been admitted to a LTC without an active case and the LTC completed an application but there is not a RIN number how do we submit the MEDI admit?**
- A. An admission transaction may be submitted with either the Recipient Identification Number or the Social Security Number; both are not required.
- Q48. When an applicant is given provisional eligibility will an admitting packet need to be submitted on MEDI before a claim can be submitted for processing?**
- A. An applicant will not be eligible for Provisional Eligibility unless an admission transaction has been submitted in MEDI and has been pending for 45 days. Pending Medical applications for which there is not an associated pending LTC admission transaction will not receive Provisional Eligibility.
- Q49. Does the provider need to readmit residents previously admitted?**
- A. No, for the Provisional Eligibility process, a second admission should not be submitted for the same LTC stay.
- Q50. How many LTC Pending Admits and Medicaid Pending can a facility submit each time?**
- A. Providers do not submit pending admissions and applications for Provisional Eligibility consideration. The process and timeframes by which a provider submits Medicaid applications and LTC admission transactions will not change. Providers should submit these requests at the same time and as soon as they are aware Medicaid coverage will be needed.
- Q51. Will the system reject the submission stating it was not completed timely? If an application is over 45 days old, but a MEDI admit was not submitted because the system will not accept it, due to no active case, do we submit the MEDI admission after 8/1/2018 and if so can we back date the day of admission?**
- A. A resident does not have to be Medicaid eligible for the LTC admission to be submitted through MEDI. An admission transaction may be submitted using either the Recipient Identification Number (RIN) or the Social Security Number (SSN); both are not required. Provisional Eligibility will not be determined for Medical applications without associated pending LTC admissions.
- Q52: How will the admit get processed?**
- A. Pending LTC admission transactions that are determined Provisionally Eligible will be systematically processed by HFS on a monthly basis.
- Q53. Since we have to wait for the pending case to be 45 days old, when should the admit packet be submitted?**
- A. The requirement for a provider to submit an admission transaction in MEDI is unchanged, and is 45 days from the admission date or receipt of screening information. Providers should not wait for a pending Medical application to be 45 days old prior to submitting the admission in MEDI.
- Q54: If resident discharges and re-admits to the same facility. Can we do the discharge and admission?**

- A. If a resident is determined to be Provisionally Eligible and then discharges from the facility, the provider should process the Discharge in MEDI. If that same individual re-admits to the same facility, a new LTC admission must be entered in MEDI.

## Appeals

**Q55. Will the 45-day Provisional Eligibility timeframe apply to applications under appeal following initial denial?**

- A. No, LTC applications that have been denied are not eligible for Provisional Eligibility.

**Q56. What happens after an applicant is determined ineligible. Hopefully we will be getting the regular denial letters or decisions with penalties or spend-downs and will be able to appeal. Will it be an appeal process, or will they be looking for a new application, new admission TAN etc.**

- A. There is no change to the current process for notification of denial or the ability to appeal. As is current policy, denied applications not appealed within the timeframe provided on the denial notice will require a new application and a new admission transaction.

**Q57. Will PE errors be looked at fairly as appealable issues? What recourse / process is available to address errors and issues?**

- A. HFS will be determining Provisional Eligibility and any issues with the Provisional Eligibility process should be addressed to [HFS.LTC@illinois.gov](mailto:HFS.LTC@illinois.gov) with the subject "Provisional Eligibility" and then list the issue. HFS expects issues to include why a specific resident did not receive Provisional Eligibility, or why a specific admission begin date was determined.

**Q58. Once PE ends, will there be an opportunity to appeal, or reapply?**

- A. If an application is denied by DHS for a resident who has Provisional Eligibility, the Provisional Eligibility will end effective on the date of the denial determination. The denial decision of the medical application may be appealed, but the Provisional Eligibility segment will remain closed.

**Q59. If some is deemed ineligible and the facility appeals the decision, will the provisional eligibility reopen?**

- A. No.

## Patient Credit

**Q60. How is the TPL/Patient Credit determined when processing the admit? DHS has this info from the file but will HFS see this info when reviewing cases that fall into the provisional eligibility process? How are corrections to be made? Through an income change? I am curious if this process will add to the huge backlog in income change processing by DHS.**

- A. The Patient Credit amount will be calculated based on the financial information submitted as part of the Medical application and LTC admission. HFS will use the information available at the time the Provisional Eligibility determination is being made.

Once a LTC admission is approved by DHS, revised Patient Credit amounts will be entered into the HFS payment system. Previously paid claims will be automatically adjusted as is the current process. Automatic adjustments will occur on accepted Patient Credit transactions submitted electronically. There should not be any additional work required by DHS caseworkers.

**Q61. Will patient credit be considered during provisional eligibility?**

A. Yes. To the extent that financial information is available, a Patient Credit amount will be calculated for the Provisional Eligibility period.

**Q62. Can you clarify provisional for those pending applications (currently not eligible at all) who have a community spouse? How will patient credit be calculated?**

A. Patient Credit amounts will be calculated pursuant to the answer for Q60. HFS will not be able to account for a community spouse in the Patient Credit calculation done for the Provisional Eligibility period. When the LTC eligibility is determined by DHS, caseworkers will include the community spouse in their calculation of the final Patient Credit amount. Claims that have already been paid will then be automatically adjusted in the HFS payment system.

**Q63. If a discrepancy exist, during the provisional eligibility, between what state determined the resident's responsible portion is versus what their income ends up showing they owe, will the provider pay?**

A. If DHS calculates a different Patient Credit amount when they determine the LTC eligibility, it will be entered into the payment system and claims will be adjusted accordingly.

**Q64. We will be able to put in an income change if the provisional eligibility income is incorrect?**

A. As is current process, an income change transaction may be electronically submitted once an admission has been processed into the HFS payment system. Only income changes that occurred after the application was submitted should be sent as an income change transaction through MEDI. Income changes that affect the patient credit amounts beginning the current month or next month can be updated automatically by checking the Patient Credit Update Box and providing the required information in the income Change Transaction in MEDI.

**Billing/Payments**

**Q65: Are you paying claims for residents while they still have a pending case if the case gets to be older than 45 days?**

A. LTC providers may submit claims for those resident who have been determined Provisionally Eligible and a processed admission on the HFS payment system.

**Q66. Will the income be deducted from HFS payment?**

A. HFS will be calculating a Patient Credit amount to the extent possible for individuals given Provisional Eligibility. The Patient Credit amount will be deducted from the HFS payment.

**Q67. Is there a special code that needs to be added to the provisional claims on the UB04?**

A. No special coding is required on the claim submission.

**Q68. how can we send claims to Medicaid if they don't have a RIN?**

A. All residents given Provisional Eligibility will have a RIN.

**Q69. How will providers bill for retroactive eligibility periods? Many pending cases may have retroactive eligibility periods of one or more year?**

A. Once the Provisional Eligibility segments have been added to the HFS payment system, providers will submit claims electronically in the same manner that they do for residents with Medicaid eligibility. Providers will have 180 days to submit claims for retroactive time periods.

**Q70. How long will it take the State to get the information into the MEDI system so we are able to send the claims for the provisional eligibility? If the MEDI system is not updated to show the resident in our facility we cannot send the claim for payment. Currently we have 4 residents who have been approved for Medicaid since Jan 2018 and I am still waiting for them to show up in the MEDI system so I can send the claims.**

A. Eligibility and Admission segments will be entered into the HFS payment system, and viewable through MEDI, within 10 days after HFS pulls the file of LTC applications pending over 45 days. HFS will begin the Provisional Eligibility process on the 15<sup>th</sup> of each month, and the newly added Provisional Eligibility segments should be accessible in MEDI by the 25<sup>th</sup> of each month.

**Q71. Can we bill from the date we submitted the application?**

A. A Provisional Eligibility begin date will be determined based on the dates of both the Medicaid application and the LTC admission. This date will be viewable through a MEDI LTC inquiry as the Facility Admission Date. Providers will be able to submit claims for services on and after the Facility Admission Date that has been processed in the HFS payment system.

**Q72. Will the 90 day retro period which is covered for those who are deemed eligible be billable for PE residents?**

A. A Facility Admission Date will be determined based upon the Admission Date submitted, the Submission Date of the admission transaction and the available eligibility determined by when the Medicaid application was submitted. If the determined admission date is prior to the Medicaid application by no more than 90 days, it will be allowed.

## **Recoupments**

**Q73. If someone has a provision eligibility and we bill and receive payment and the State then determines NOT eligible, does the State recoup anything they paid and will the recipient be able to appeal?**

A. The State will not recoup payments made under Provisional Eligibility if the resident is not approved for LTC services, although adjustments may be made for Patient Credit changes.

**Q74. If a pending approved resident is later determined to be ineligible...we recover and keep the IPA rate for the time the individual was pending. Are we also able to bill the individual directly for the difference of the private pay rate and the IPA rate?**

A. The Koss Court Order refers to this payment as being for a "Medicaid benefit", so it is HFS's interpretation that the provider should consider the payment to be payment in full.

**Q75. Once approved will Medicaid take back payments during the provisional period? Or should we keep billing monthly?**

A. There will be no recoupment when the case is determined eligible and Provisional Eligibility ends. There may be adjustments for updated Patient Credit amounts. Providers should continue to submit claims each month.

**Q76. What can be recouped (and how far back) if a LTC Admit Pending is incorrectly approved eligible by the HUB?**

A. HFS payment made under Provisional Eligibility will not be recouped if the resident is later determined to not be eligible.

**Q77. Will HFS make sure that managed care companies will not recoup payments retroactively for the cases whose presumptive eligibility is terminated?**

A. Individuals with Provisional Eligibility will look just like someone with Regular Medicaid eligibility to Managed Care Plans. Termination of the Provisional Eligibility segment will appear like an end date to regular eligibility in the files that go the Plans. In addition, HFS will be in contact with the Plans to assure they understand that they should treat Provisional Eligibility just like Regular Medicaid eligibility.

**Q78. Will HFS be recouping money or reimbursing the providers retroactively for the wrong Patient liability amounts once they submit the back up with DPA 1156 form?**

A. Adjustments will be made to paid claims once the DHS caseworker calculates an updated Patient Credit amount.

**Q79. So you are not going to take back any payments paid through provisionally payments if the client is denied for any reason? including spend down, no verifications, etc?**

A. Payments made during the Provisional Eligibility period will not be recouped, even if it is later determined that the individual should have been on spend down or have a penalty period.

**Q80. If the Nursing Home patient is deemed not eligible for Medicaid will the state re-coup the monies that have been paid to the facility or to the hospice agency through provisional eligibility?**

A. Payments will not be recouped from the LTC provider or hospice agency. However, no payments for dates of service after the application disposition (approval or denial) date will be made.

#### **Penalty Period**

**Q81. If a penalty period is determined after an application is processed by DHS but the resident had already been determined Presumptively Eligible how will the penalty period be applied?**

A. The penalty period will be applied beginning the date of Provisional Eligibility; however HFS will not recoup any payments. If the penalty period is not exhausted by the date of determination of regular eligibility, any remaining penalty amount would be applied until exhausted.